

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **20504**

FILED JUL 12 1957

BIRTH NO. _____		REG. DIST. NO. <b>80</b>		PRIMARY REG. DIST. NO. <b>5307</b>		Registrar's No. <b>12</b>	
1. PLACE OF DEATH a. COUNTY <b>Cole</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lohman</b>		c. LENGTH OF STAY (in this place) <b>4 years</b>		c. CITY OR TOWN <b>Lohman</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Otto Plochberger Home</b>				e. STREET ADDRESS <b>0260</b> (If rural, give location) <b>0</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Annie</b> b. (Middle) <b>Mary</b> c. (Last) <b>Kautsch</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>July 4 1957</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Sept. 8, 1860</b>	
9. AGE (In years last birthday) <b>96</b>		10. IF UNDER 1 YEAR (Months) <b>9</b>		11. IF UNDER 24 HRS. (Days) <b>26</b>		12. IF UNDER 1 MIN. (Hours) <b>26</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Lohman, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
13a. FATHER'S NAME <b>Nicklous Gemienhardt</b>		13b. MOTHER'S MAIDEN NAME <b>Barbara C. known as</b>		14. NAME OF HUSBAND OR WIFE <b>Adam Kautsch</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Otto Plochberger, Lohman, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage 4 days</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>old post-operative embolism</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>331x</b>				20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Jan 14, 1957</b> to <b>July 4, 1957</b> , that I last saw the deceased alive on <b>July 4, 1957</b> , and that death occurred at <b>11:45 m.</b> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Dr. J. H. Schuchert</b>		23b. ADDRESS <b>St. John's</b>		23c. DATE SIGNED <b>July 5, 1957</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 7, 1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. John's</b>		24d. LOCATION (City, town, or county) (State) <b>Near Lohman, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>July 6</b>		REGISTRAR'S SIGNATURE <b>Minnie Hittmeyer</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Kurt H. Schuchert</b>		ADDRESS <b>Russellville</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. 2870 working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 2870

P. O. Address Russell Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.